



FIG. 1

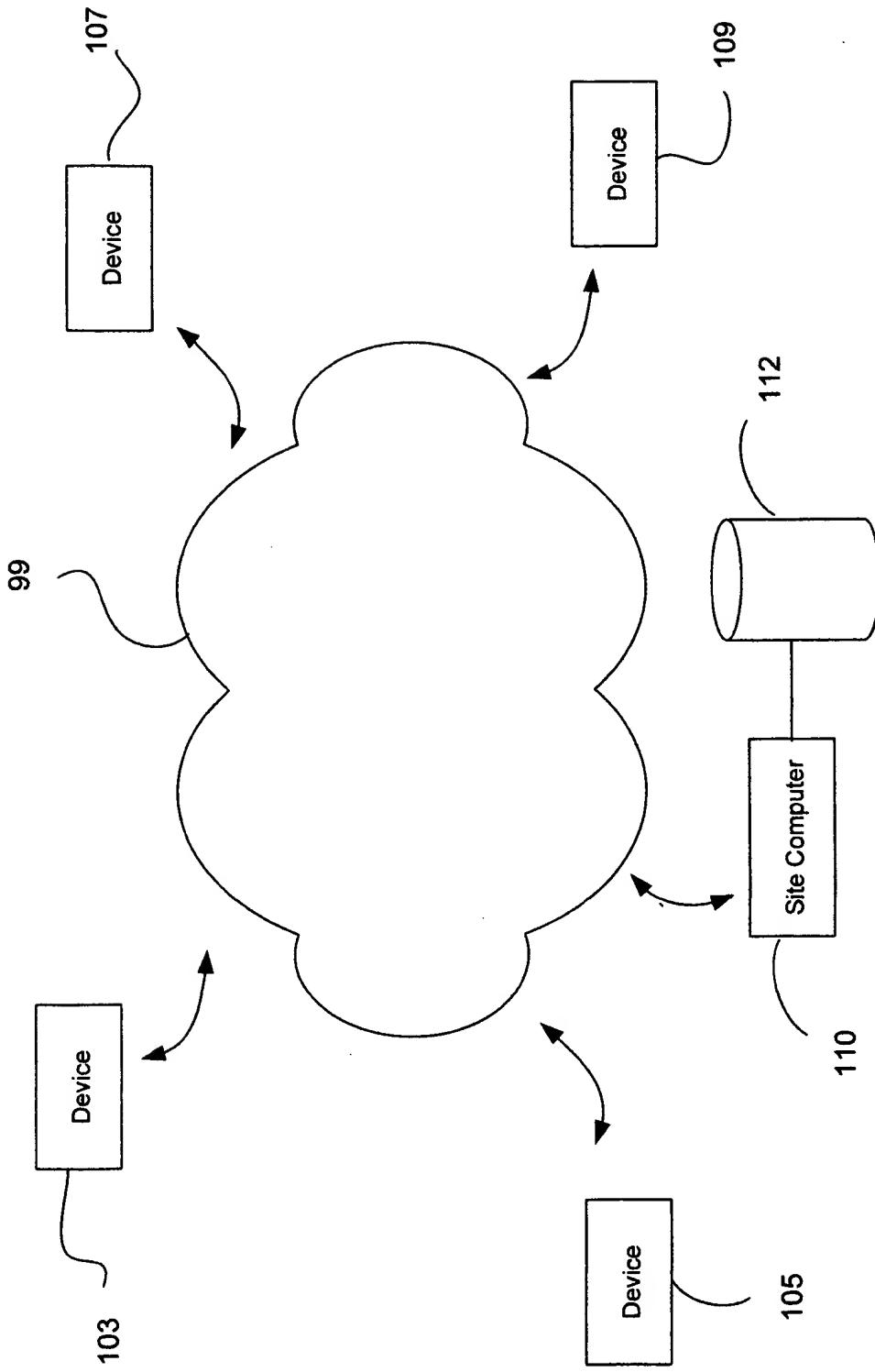
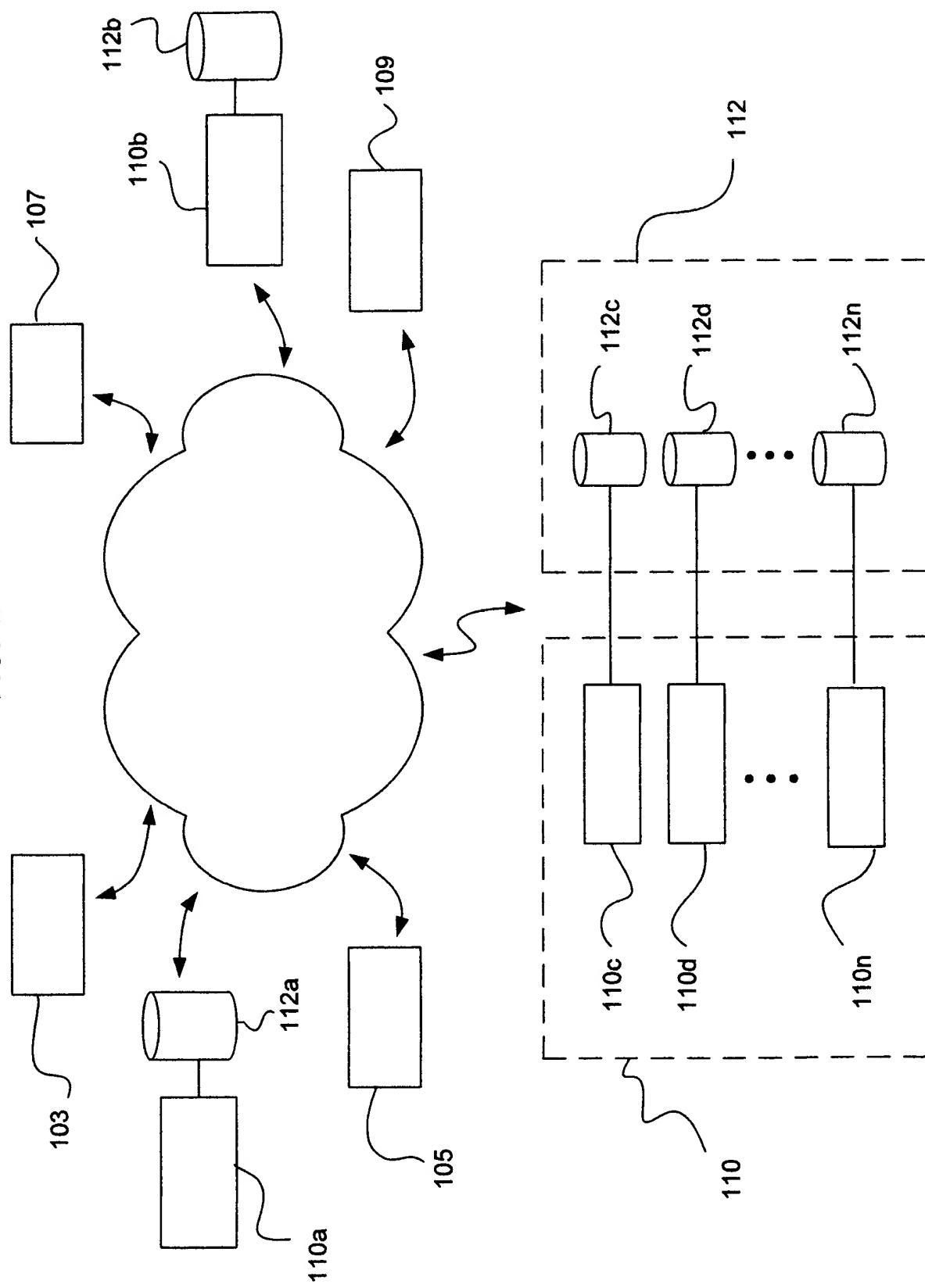




FIG. 1A



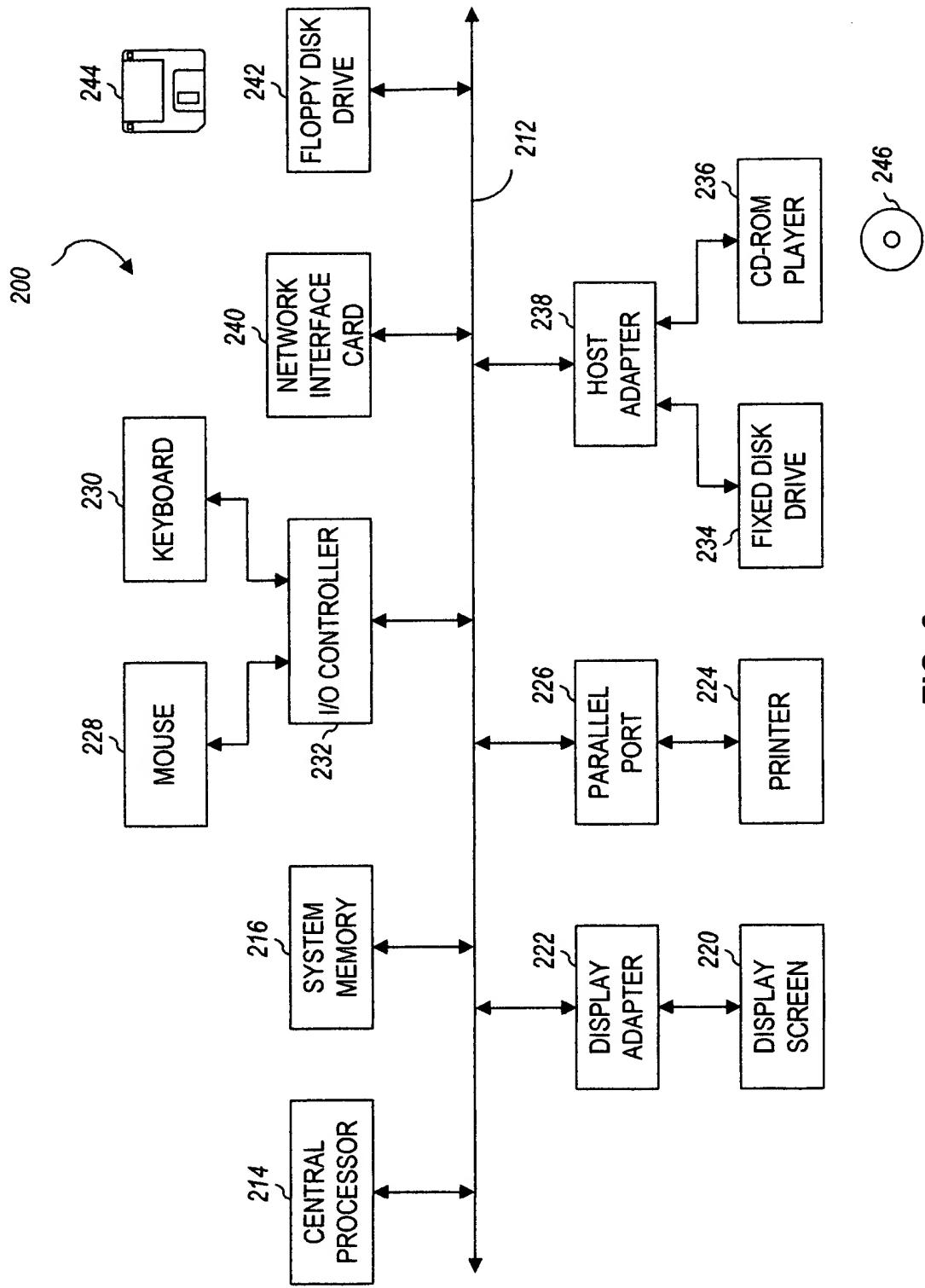


FIG. 2

300

302

PLEASE ENTER NAME:

304

PLEASE ENTER LOGIN ID:

306

PLEASE ENTER PATIENT IDENTITY:

•
•
•

308

PLEASE ENTER PASSWORD:

FIG. 3

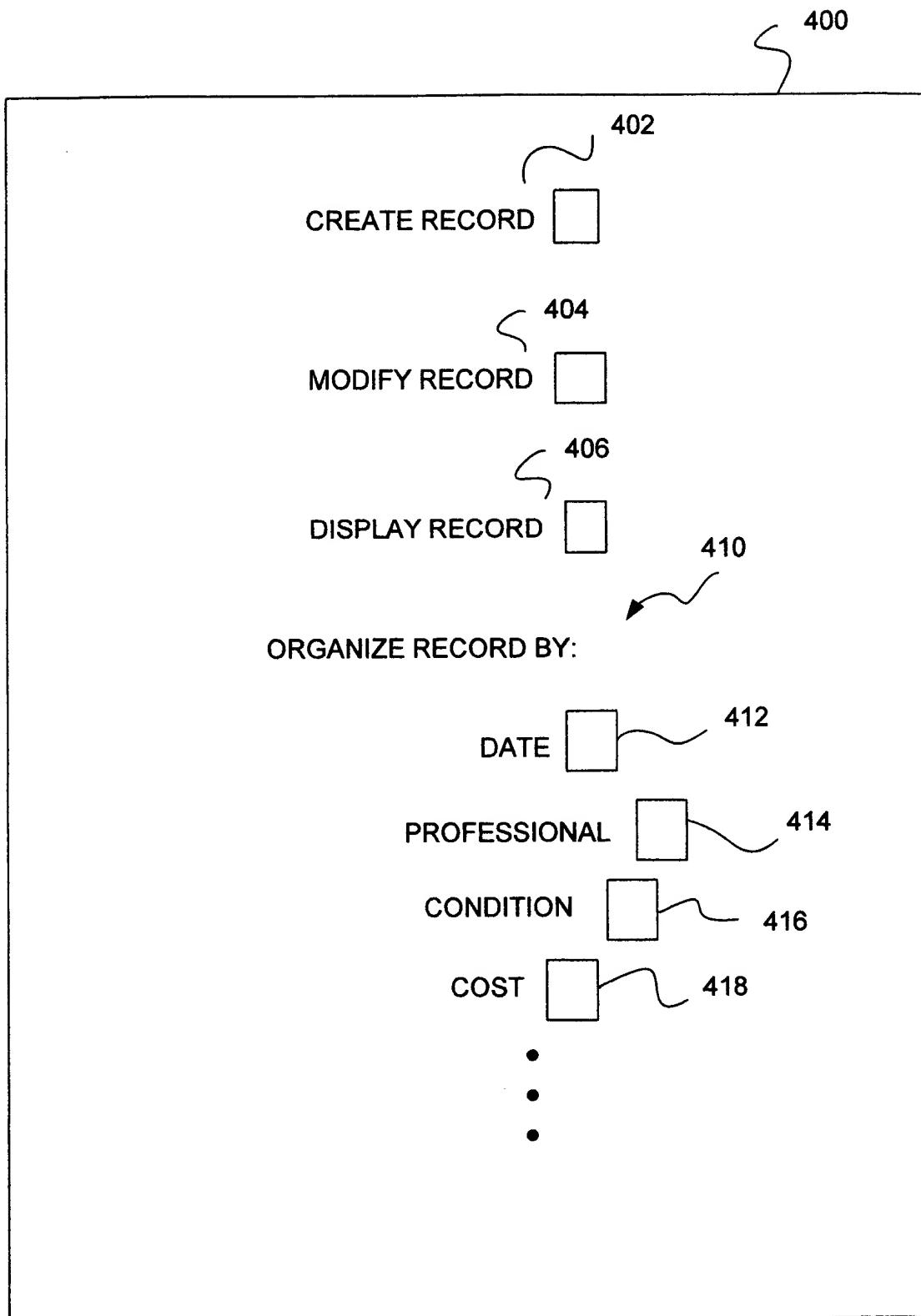


FIG. 4

500

PATIENT ID:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	502
ID NUMBER:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	504
DATE OF VISIT:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	506
TREATMENT:	<input style="width: 150px; height: 50px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	508
CONDITION:	<input style="width: 150px; height: 50px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	510
OBSERVATIONS:	<input style="width: 150px; height: 50px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	512
COSTS:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	514
PREPARER/PROFESSIONAL:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	516
ACCESS CODE NUMBER:	<input style="width: 150px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value=""/>	518

FIG. 5

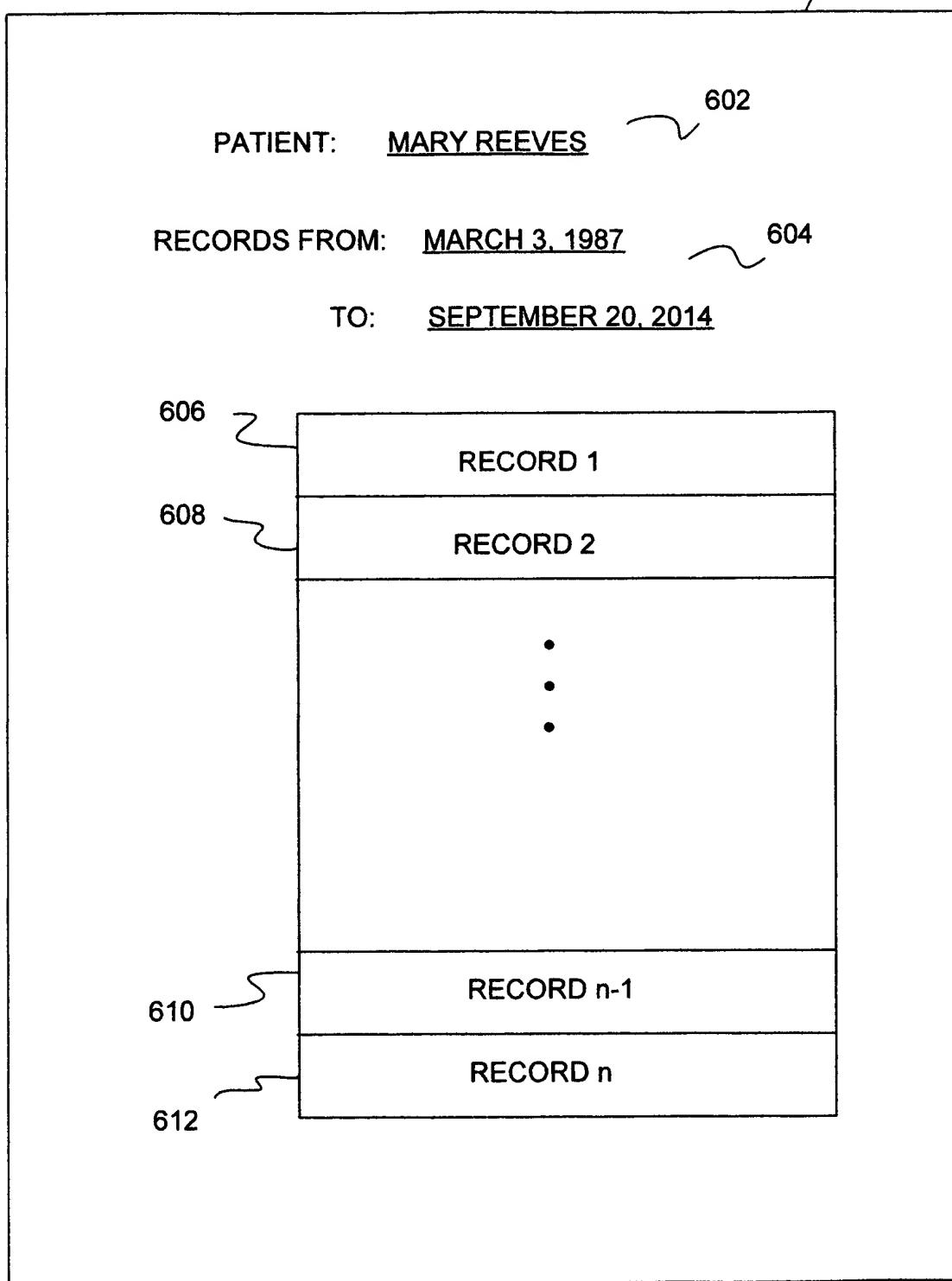


FIG. 6

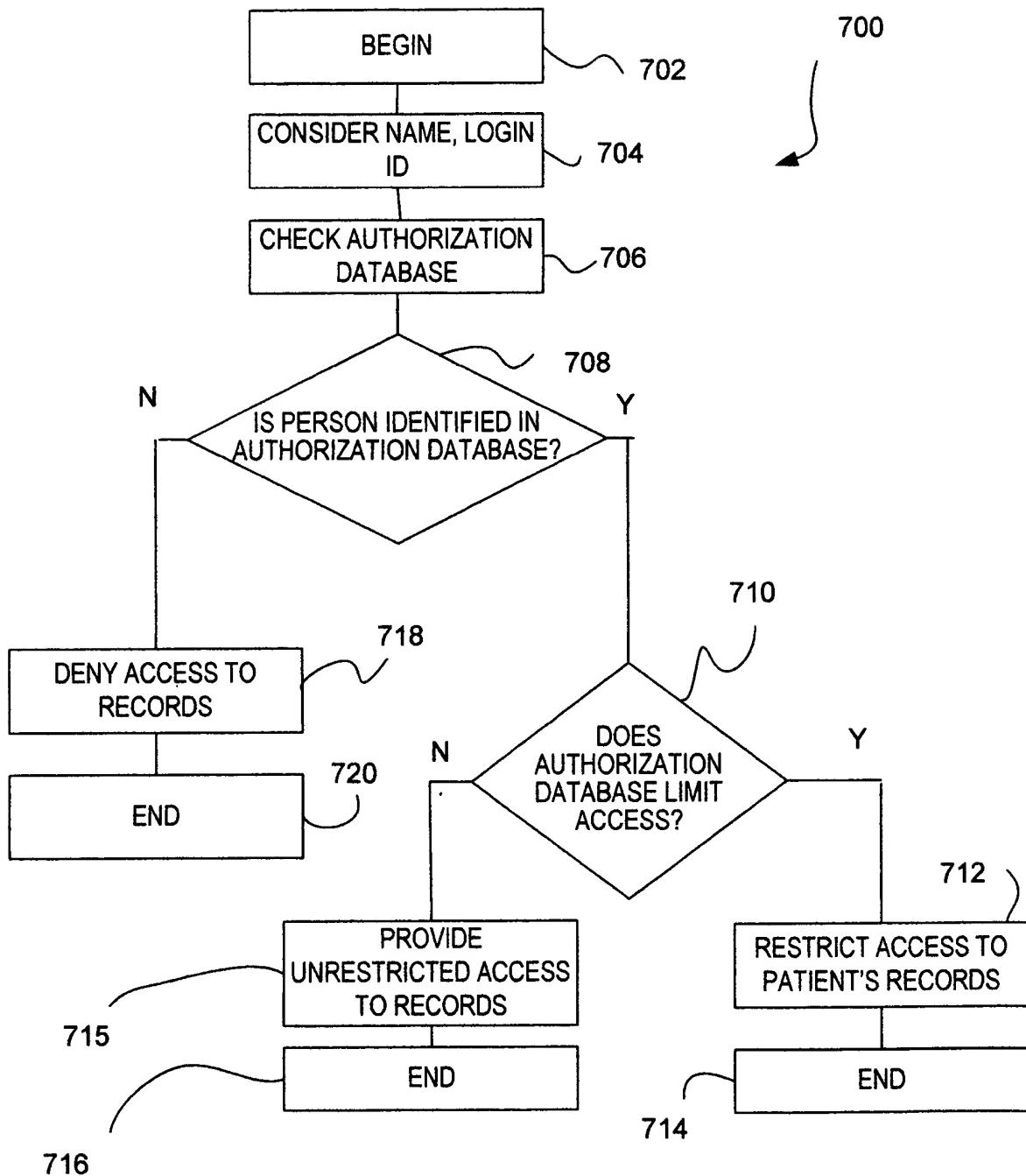


FIG. 7

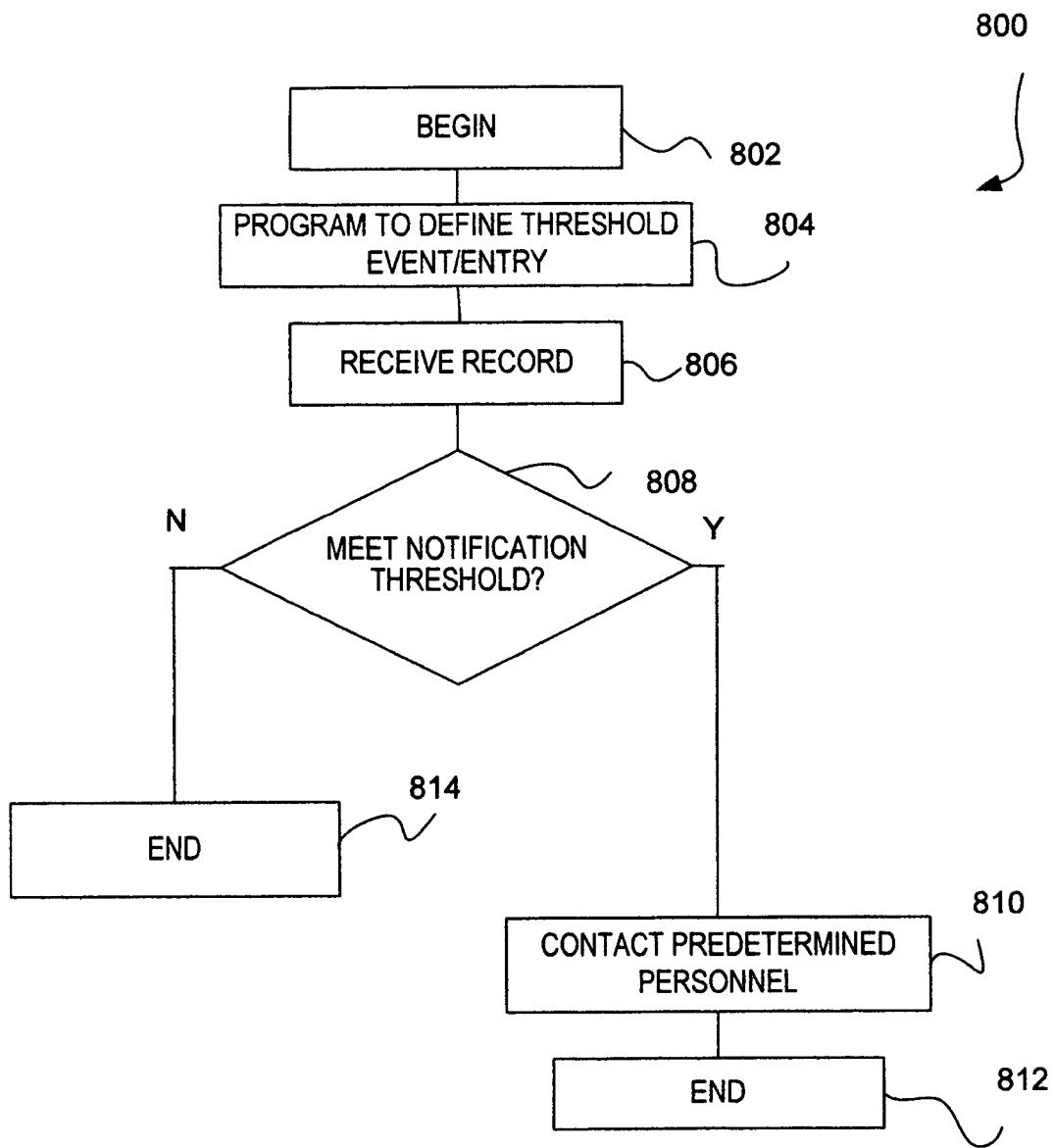


FIG. 8

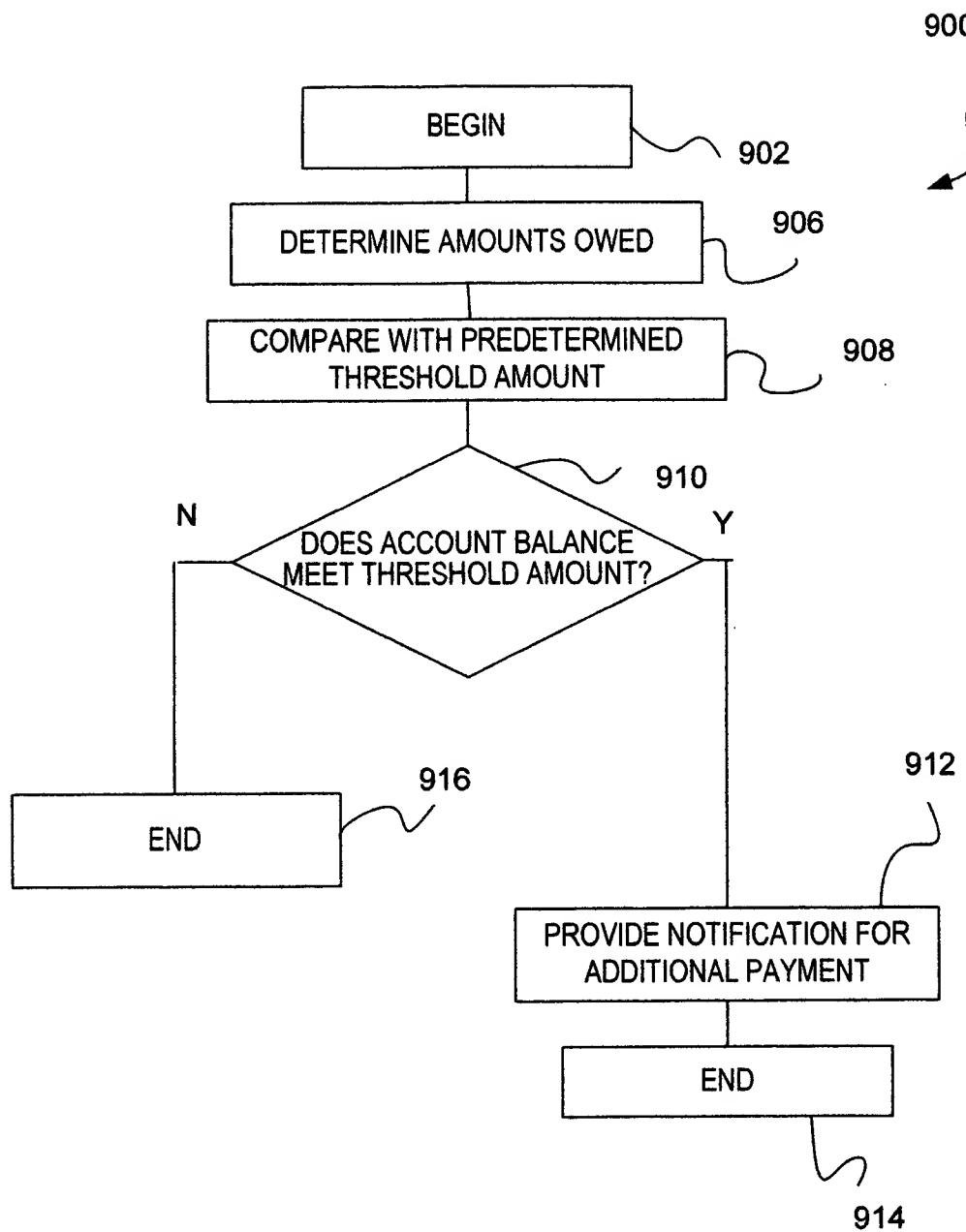


FIG. 9

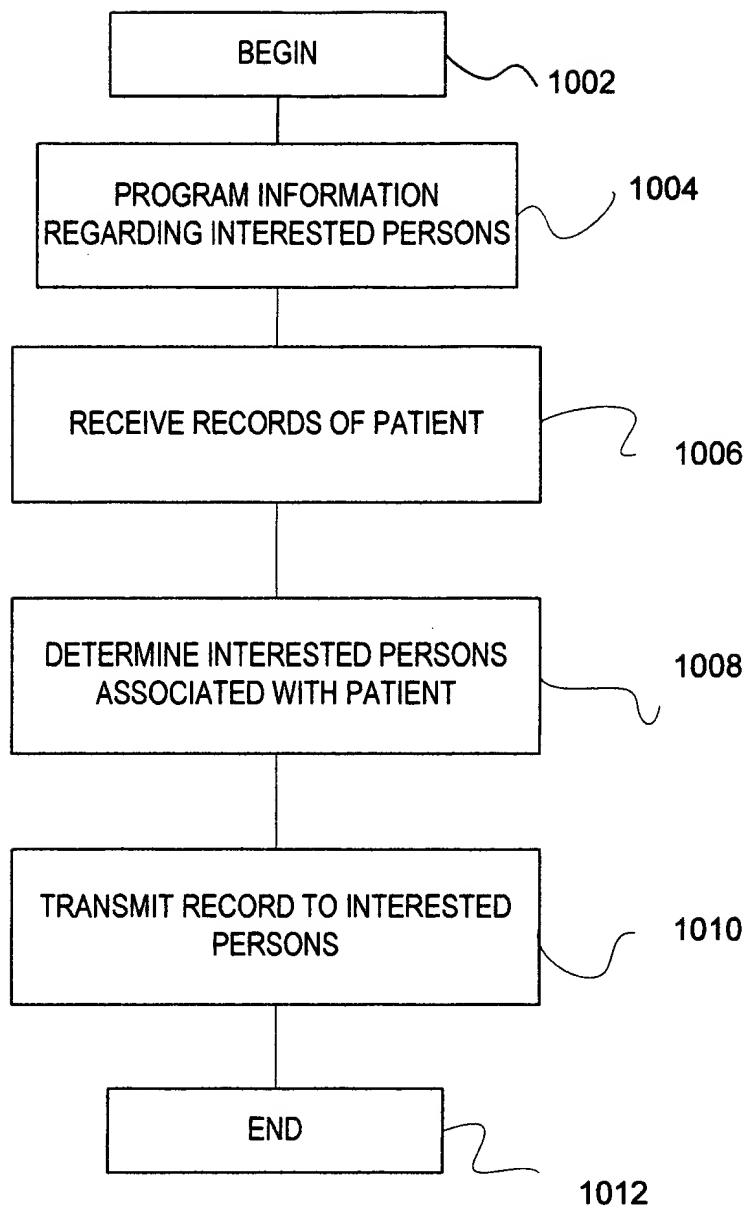


FIG. 10